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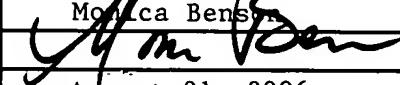
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Monica Benes	(Depositor's name)
	
(Signature)	
August 21, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/518,107	12/10/2004	Steven C. Constable	US2120 (111845-0008)	3248

TITLE OF INVENTION: METHOD AND SYSTEM FOR SEAFLOOR GEOLOGICAL SURVEY USING VERTICAL ELECTRIC FIELD MEASUREMENT

10/518,107
PTO:2531 769.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) PAID	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	08/21/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
PATIDAR, JAY M	2862	324-350000

<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</p>	<p>2. For printing on the patent front page, list</p> <p>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,</p> <p>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p>
<p>Eleanor M. Musick Procopio Cory Hargreaves & Savitch LLP 3</p>	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) **NAME OF ASSIGNEE**
The Regents of
the University of California

(B) **RESIDENCE: (CITY and STATE OR COUNTRY)**
San Diego, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2075 (enclose an extra copy of this form).

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Authorized Signature



Date

August 21, 2006

Typed or printed name

Eleanor M. Musick

Registration No. 35,623

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